

# UNITED STATES DISTRICT COURT

for the

District of

Division

Case No.

(to be filled in by the Clerk's Office)

Carl J. Marshall

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

IF possible, whatever it takes for the truth to be told

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name  
Address

Carl G. Marable  
P.O. Box 332613  
murfreesboro TN 37133  
City State Zip Code

County  
Telephone Number  
E-Mail Address

Rutherford  
615-877-2275

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name  
Job or Title (if known)  
Address

Ascension St Thomas of Rutherford  
Ascension St Thomas of Rutherford  
1700 Medical Center Rkway  
murfreesboro TN 37129  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Rutherford Co  
615-396-4100

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name  
Job or Title (if known)  
Address

murfreesboro Police Dept  
1004 N Highland Ave  
murfreesboro TN 37130  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Rutherford  
615-849-2673

☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name

Rutherford County  
Sheriff Sheriff Dept

Job or Title (if known)

Address

940 New Salem

murfreesboro

City

TN

State

37129

Zip Code

County

Rutherford

Telephone Number

615-898-7777

E-Mail Address (if known)

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

Bedford Co Probation / Sheriff and  
Court System

Job or Title (if known)

Address

108 Northcreek Dr

Shelbyville

City

TN

State

37168

Zip Code

County

Bedford Co.

Telephone Number

E-Mail Address (if known)

☐ Individual capacity ☒ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

4th Amendment Civil Rights 42 U.S.C. 1983 Denial of  
medical careC. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- 

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

m'boro TN      Shelbyville TN  
Rutherford Co      Bedford Co

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- B. What date and approximate time did the events giving rise to your claim(s) occur?

1 / 2 / 24

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- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

false arrest By officer  
C. van Lierygo, H35  
Time of arrest Evening hours,  
Approximatley 1547 hours  
Refusing me medical care  
wrongfully ~~accus~~ accusing me  
of being Impaired

---

#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

At the time of arrest my blood pressure was at 179/101, ~~when~~ At that time my blood pressure shot up to 198/101, I was Refused Proper Treatment. At the Time I was Refused Treatment when my blood Pressure was extremely High and at a dangerous level.

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#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I ask that the Great Court give me back my rights, to give me comfort and peace of mind. I was admitted to the hospital several times throughout all of this, suffered a heart attack and called to make sure the court was aware of my situation. No one seemed to take this into consideration or care what I was going through. I do not feel like things were handled the right way. I missed court while I was in the hospital fighting for my life, violated and a warrant was put out to arrest me even though my family called to make sure everyone

was aware of what I was going through. I always take care of things and just ask for this to be handled the right way. I have lost so much including my driving privileges and no longer able to help other as I have the past 20 years.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2/22/2024

Signature of Plaintiff Carl Samable  
Printed Name of Plaintiff CARL G. MARABLE

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_  
Printed Name of Attorney \_\_\_\_\_  
Bar Number \_\_\_\_\_  
Name of Law Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

# UNITED STATES DISTRICT COURT

for the

District of

Division

Carl G. Marable

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR A CIVIL CASE

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Carl G. Marable

Church St P.O. Box 332613

Memphis Tenn. - Rutherford County

Tenn 37133

629

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

St. Thomas of Rutherford  
1700 Medical Center Pkwy  
M'boro TN 37129 Rutherford County  
Tenn 37129  
615-396-4100

Defendant No. 2

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

M'boro Police Dept  
1004 N Highland Ave  
M'boro Rutherford County  
Tenn 37130  
615-849-2673

Defendant No. 3

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Rutherford County  
Sheriff Dept  
~~440 New Salem Hwy~~  
940 New Salem Hwy  
M'boro TN 37129 Rutherford County  
TN 37129  
615-898-1777

Defendant No. 4

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Bedford Co Probation  
108 Northcreek Dr, Ste. 86  
Shelbyville Bedford County  
Tenn 37160  
931-685-1340



**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

4<sup>th</sup> and 8<sup>th</sup> Amendments

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)**

a. If the plaintiff is an individual *yes*

The plaintiff, (name) Paul Yomante, is a citizen of the  
State of (name) TN.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

RC50- I was falsely arrested by and charged with a  
and didn't receive medical attention  
at Thomas hospital  
sent back to jail without adequate treatment for blood pressure

Time of Arrest  
1/9/10  
sent back  
1/8/10

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2/22/2024

Signature of Plaintiff

Printed Name of Plaintiff

Carl G. Marable  
CARL G MARABLE

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address




C. Marable  
PO Box 332613  
Memphis TN  
37133

RECEIVED

MAR 11 2024

U.S. District Court  
Middle District of TN

U.S. Federal Court  
801 Broadway  
Nashville, TN 37203

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801 Broadway  
Nashville, TN 37203

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MAR 11 2024

U.S. District Court  
Middle District of TN